---FINAL APPROVED---

VIRGINIA BOARD OF MEDICINE
Workgroup on Midwifery and Medications

Friday, December 3, 2010 Department of Health Professions Richmond, VA

CALL TO ORDER: The meeting convened at 9:10 a.m.

MEMBERS PRESENT: Karen Ransone, MD, Chair
Deren Bader, CPM, DrPH
Samuel Bartle, MD
Jessica Jordan, CNM
Jane Maddux
Jane Piness, MD
Brynne Potter, CPM

MEMBERS ABSENT:

STAFF PRESENT: William L. Harp, MD, Executive Director
Ola Powers, Deputy Executive Director, Licensing
Colanthia Morton Opher, Operations Manager
Beulah Archer, Licensing Specialist
Elaine Yeatts, DHP Policy Analyst

OTHERS PRESENT: Kim Mosny, CPM
Maria Cranford
Marinda Shindler, CMA
Glenda Turner, CMA
Degra Nofsinger, CMA
Ann Hughes, MSV
Peggy Franklin, VSTM
Trinlie Wood
Jennifer Derugen, CMA
Terri Hewitt, CMA
Melanie Gerheart, ACOG

EMERGENCY EGRESS INSTRUCTIONS

Dr. Ransone gave verbal emergency egress instructions.

ROLL CALL

A quorum was declared.

INTRODUCTION OF COMMITTEE MEMBERS

The Committee members introduced themselves and spoke to their experience and interest in the charge of the Committee.

ADOPTION OF THE AGENDA

Dr. Piness moved to adopt the agenda as presented.

PUBLIC COMMENT

Dr. Ransone acknowledged the public and opened the floor for public comment.

Kim Mosny – spoke in favor of midwives having some type of authority for medications. She would like to see the Committee go beyond whether or not midwives should be able to carry drugs to the practical ways to achieve this.

Maria Cranford – spoke in favor of midwives' ability to possess and administer certain medications.

Degra Nofsinger - spoke in favor of midwives possessing and administering certain medications.

Anne Hughes, representing the Medical Society of Virginia (MSV), stated that MSV was opposed to granting this authority to the midwifery profession until certain issues could be addressed. Ms. Hughes stated that other key elements, such as a relationship between midwife and physician should be taken into consideration, and that authority should not be granted based solely on what other states are doing. Ms. Hughes stated that 2005 was the last time MSV and the midwifery profession had collaborated.

Ms. Potter remarked that since achieving licensure in 2005, the midwifery profession has chosen to work within the processes of the Board of Medicine for any regulatory or statutory changes it believes would be advantageous to midwifery and the citizens of the Commonwealth.

Charge of the Committee

Dr. Ransone stated that the charge of the Committee was to develop a recommendation that addresses whether the midwifery profession should possess and administer drugs, provide a proposed list of those drugs, and also the mechanism for obtaining this goal. This recommendation would be presented at the Full Board business meeting, February 17, 2011.

History of Midwifery and Medication in Commonwealth

Ms. Potter provided the Committee with a detailed overview of the current midwifery education and training model; highlighting the distinctions between CPM's and CNM's.

She noted that CNM's have a broader scope of practice, but they do not specialize in out-of-hospital births.

Ms. Potter then fielded questions regarding the pass/fail rate on the North American Registry of Midwives written examination for certification, and the approximate number of live home births and stillborns delivered by CPM's in Virginia over the last five years. Ms. Potter advised that there is no way to accurately account for home births prior to May 2009, since the activity had not been properly captured by the current system of records. She also advised that an accurate account of adverse outcomes was not available. Outcome reviews are currently performed by hospitals; there is no similar review process for CPMs.

The Committee then reviewed and discussed the letter of support from Blue Ridge Emergency Medical Services Council, Inc. Dr. Bartle addressed a few of the comments regarding the low numbers of ALS providers in rural areas. He advised that in the city where training is available, the chances are greater that a level 3 paramedic would be manning an EMS vehicle. EMS providers in rural areas are usually volunteers. Dr. Bartle noted that limited financial resources and limited space on EMS vehicles are also reasons EMS does not carry a vast array of medications.

Dr. Piness stated that the sound bite of this situation is that the hospital and the receiving practitioner/CNM incur significant liability in assuming care from a CPM in emergent situations. CPM's are not required to carry liability insurance, as the physicians on hospital staffs must. She acknowledged that CPM's may have difficulty finding collaborating physicians, given the current situation.

Midwifery and Other Jurisdictions

Ms. Potter reported that 24 states have law that recognizes CPMs, however, only 21 grant CPM's authority to carry and administer certain medications. It was noted that Virginia is the only state in which the midwifery profession is licensed by the Board of Medicine. It was also noted that Virginia does not have specific prohibitions on the types of pregnancies CPM's can attempt to deliver.

Safety and Efficacy Issues:

Dr. Bader reviewed the handout she prepared on the safety and efficacy of IM Pitocin administered by CPM's at home births. She indicated that the data is limited and somewhat frustrating. She advised that there are no studies that address the frequency of post-partum hemorrhage, but stated that the drug pitocin is commonly used to control or prevent hemorrhage in hospital settings.

Dr. Bader stated that in these instances a CPM would want to avoid transfer of care; however, she did not agree with the statement that hospital births are safer than out-of-hospital births.

Ms. Jordan informed the Committee that she works at a family maternity center on the Northern Neck, and that the closest hospital with a maternity unit is 1.5 hours away. She said transport to the hospital would not be pursued unless the patient continues to hemorrhage after a stabilization attempt with meds at the center.

Dr. Harp reported on his attempts to gather information on midwives and medication and stated that the data was minimal at best. He had spoken at length with the Texas licensing board and had reviewed their disciplinary Orders. There were no Orders that described problems patients had with medications administered by CPM's, but rather that CPM's had given medications without the proper supervision of a physician in accordance with state law.

Dr. Bader noted that during her information gathering, she did not find any disciplinary cases associated with midwifery and medication.

Ms. Potter suggested that the Committee move forward and explore options that would clarify for the Committee as to whether practice of midwifery, in Virginia, would be safer with or without medications.

The Committee agreed that in order to move forward, there needs to be more information and data presented on the issue.

Ms. Jordan suggested that the medication issue should be the focus of the next meeting and that the other issues (protocol, emergency transfer, etc.) can be addressed as they come up.

Ms. Potter moved that another meeting be set to identify areas of concern and develop a plan for legislative change that will increase safety and access to necessary medications or home-birthing women and their newborns. The motion was seconded and carried unanimously.

With no other business to conduct, the meeting adjourned at 11:20 p.m.

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Karen Ransone, MD, Chair

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William L. Harp, M.D.
Executive Director

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Colanthia M. Opher
Recording Secretary